

Permit No.: _____

**California Department of Food and Agriculture
Animal Health and Food Safety Services**

1220 N Street, Room A-107
Sacramento, California 95814

Telephone: (916) 654-1447
Facsimile: (916) 653-2215

REQUEST FOR PASTURE-TO-PASTURE MOVEMENT PERMIT (Commuter Herd Agreement)

I request permission to move the following beef cattle into the State of: _____

# Adult Females		# Adult Bulls	
# Calves		# Steers	
# Heifers			

Horses cannot be moved
on this permit

Description and location of brands: _____

Location, mailing address and phone numbers where cattle are moving from and to:

ORIGIN OF CATTLE

DESTINATION OF CATTLE

(Ranch)

(Ranch)

(Actual Location)

(Actual Location)

(Mailing Address)

(Mailing Address)

(City, County, State, Zip)

(City, County, State, Zip)

(Cattle Owner)

(Property Owner)

(Cattle Manager)

(Cattle Manager)

(Manager Phone #)

(Manager Phone #)

Approx. date cattle leaving: _____ Approx. date cattle returning (within 8 months): _____
Month, Year Month, Year

How many years have you been moving your cattle to the described premises? _____

Do these cattle graze with cattle from other herds? _____

Are the fences intact and well maintained? _____

Brand Inspection Requirements Remain in Effect

REQUEST FOR PASTURE-TO-PASTURE MOVEMENT PERMIT (CONT.)Are all female cattle 12 months of age or older brucellosis vaccinated? YES ☐ NO ☐

If NO, what percentage of your herd is vaccinated? _____

Were all breeding cattle 24 months of age or older* that moved out of California when it was TB Modified Accredited Advanced (April 2003-April 2005) tested for tuberculosis as required? Yes ☐ NO ☐

Test date: _____ # tested: _____

Veterinarian who did TB Test _____ Phone _____

These permits and test records are subject to compliance reviews by the USDA.

***Cattle 24 months of age or older are identified by their central incisors "up and in wear."**

Has this herd been infected with or exposed to a herd infected with Trichomonosis? Yes No

Have bulls in this herd been tested for Trichomonosis? Yes No

I understand and agree that:

1. The cattle described herein are from a valid breeding herd, established more than six months, moving for grazing purposes without change of ownership.
2. If cattle test positive for tuberculosis, brucellosis, or other diseases of concern, the herd may not be allowed to move until it has been fully evaluated by the designated State epidemiologist or a State Animal Health official.
3. I will account for all animals on this agreement.
4. This agreement may be changed if the risk of disease changes.
5. Failure to comply with the provisions of this agreement may result in revocation of this permit and/or loss of use of any future pasture-to-pasture permits.

Signature of herd owner or legal representative: _____ **Date:** _____

APPROVAL

State Official at Origin: ☐ Approved ☐ Not approved

Signature: _____ Title: _____ Date: _____

State Official at Destination: ☐ Approved ☐ Not approved

Signature: _____ Title: _____ Date: _____

Additional Requirements: _____

This agreement is for one pasture grazing season for the cattle, duration, and premises described. Permits are issued on a case-by-case basis. Requests should be submitted to the CDFA, Animal Health Branch at least 30 days before the move. A copy of the approved permit will be sent to the applicant.